

Green Mountain Care Board  
General Advisory Committee Meeting  
Monday, June 8, 2020 (2:00 – 4:00 pm)  
*This meeting was held via Skype due to COVID-19.*

<b>Advisory Committee Member Attendees</b>	Kate McIntosh, John Macy, Kathy Mahoney, Sharon Gutwin, Sam Liss, David Sichel, Bob Bick, Allison Ebrahimi-Gold, Rick Dooley, Jeffrey McKee, Jason Garbarino, Walter Carpenter
<b>GMCB Attendees</b>	Kevin Mullin, Jessica Holmes, Tom Pelham, Robin Lunge, Maureen Usifer, Susan Barrett, Amerin Aborjaily, Christina McLaughlin
<b>Other Attendees</b>	Jennifer Kaulius, Devon Green

1. GMCB Updates

- a. Two members have resigned from the committee: Andrew Miller and Gail Auclair. Please reach out to Christina McLaughlin about the application process to become a member. Susan Barrett presented the shared slide deck and updated the members on the Board's recent work, and the impacts of COVID-19 and Act 91 adjustments to the Board's regulatory processes. Please see the presentation [here](#) for further details. The next GMCB General Advisory Committee will be held on Monday, September 21 from 2:00 to 4:00 p.m. Please refer to the [GMCB Committee website page](#) for more information.

2. Discussion Questions

- a. The discussion focused on the three questions posed to the committee:
  1. How has COVID-19 impacted you and how you a. deliver care (as a provider, physician, nurse, pharmacist, etc.), b. receive care (as a patient), or c. operate your business (hospital, private business, insurer, etc.)?
  2. What are some successful COVID-19 response strategies you have seen deployed, and what can we learn from them?
  3. What changes or improvements would you like to see continue in our health care system beyond COVID-19?
- b. Discussion notes: Sharon Gutwin shared that her practice is doing okay due to the additional \$600 per week. Right now, she believes a little under 30% of their patients do not want to go in for treatment out of fear of contracting the virus or being a carrier of the virus. Rick Dooley share that his practice has about 3 or 4 providers working in the office right now and revenue is down about 60%. HealthFirst's electronic health records system assisted the move to providing more care through telehealth and he mentioned the telehealth pay parity was very helpful, especially with audio-only care. He noted audio-only care is important since many Vermonters lack access to reliable internet and technology. Rick said the capitated payments through Medicare and Medicaid helped his practice, which was about 30% of their revenue. He knows some providers who have taken no pay for months, so they are able to pay for other things to keep their practice open. About 20-25% of practices may not survive and pediatricians were hit hardest since they did not receive federal funding and many pediatric practices are mostly Medicaid practices.

Sam Liss mentioned that WCAX shared emergency preparedness guidelines for those with disabilities and the elderly and providers are using the planner for intake. John Macy saw a large drop in revenue at Copley since orthopedic care went way down. Telehealth has

been helping with post and pre-op care, but he noted the visits have been longer through telehealth. Patients seem to be putting off surgery since the weather is nicer in Vermont and people are wary to come in.

Allison Ebrahimi-Gold said Northern Counties and NVRH was proactive with preparedness but there is concern about sustainability since the pandemic could go on for 2 years. The group discussed the location of where a patient is tested impacts the turnaround time for a test. Kathy Mahoney mentioned that EMS have changed the protocols regarding who to bring to the hospital and wondered what changes were made. Jason Garbarino mentioned COVID-19 has impacted the education of health care students and wonders how Vermont can get more health care workers into the state.

3. Public Comment

- a. There was no public comment.

4. Adjourn